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5 Attorneys for Defendant LAW OFFICE OF
DANIEL J. HORWITZ
6
7

8 UNITED STATES DISTRICT COURT
9 SOUTHERN DISTRICT OF CALIFORNIA

10 ERICA WELKER

11 Plaintiff,

12 v.

13 LAW OFFICE OF DANIEL J.
HORWITZ,

14 Defendant.
15
16

CASE NO. 08-CV-2259-IEG-WMc

DECLARATION OF DANIEL J.
HORWITZ IN OPPOSITION TO
PLAINTIFF'S MOTION FOR SUMMARY
JUDGMENT

Date: March 22, 2010
Time: 8:30 a.m.
Crtrm: 1, 4th Floor

Honorable Irma E. Gonzalez

17 I, DANIEL J. HORWITZ, declare as follows:

18 1. I am an individual, over the age of eighteen years, and an attorney at
19 law duly licensed to practice before the courts of the State of California.

20 2. I am a solo practitioner. There is no actual entity named "LAW OFFICE
21 OF DANIEL J. HORWITZ," it is merely a fictitious name under which I do business
22 that I use to describe myself as an attorney. I am the only attorney described by the
23 designation "LAW OFFICE OF DANIEL J. HORWITZ, in my office or elsewhere. I
24 have no staff other than two family members who proofread my work and prepare it
25 for filing and service in accordance with my instruction, and assist with bookkeeping.
26 No one else but me prepares any collection-related documents.

27 3. I have never telephoned or mailed any communication to plaintiff
28 ERICA WELKER ("Plaintiff"). The only contact I ever initiated with Plaintiff, or with

any other person related to the collection of her account, was to cause an independent contractor to serve her with the state court collection litigation documents for the matter of *Ambulatory Care Surgery Center v. Erica Welker*, SDSC Case Number 37-2008-00093454-CL-CL-CTL ("State Court Collection Litigation"). Those documents were comprised of six (6) pages and included a filed and conformed summons, complaint, notice of case assignment, and validation notice ("Litigation Service Package"). A true and correct copy of the Litigation Service Package is attached hereto as Exhibit "A" and incorporated herein by reference.

4. A true and correct copy of the proof of service of the Litigation Service Package, is attached hereto as Exhibit "B" and incorporated herein by reference.

5. Per the express language of the validation notice (the last page of exhibit "A" hereto), I state:

All statements set forth herein pertain to your relationship with **me** as a debt collector ... The summons is a command from the court, not from **me**, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect **my** relations with the court. **As a lawyer, I** may file papers in the suit according to the court's rules and the judge's instructions. (Emphasis added).

This language states that the validation notice is being served by me as an individual, and not an organization or law firm.

6. On February 5, 2009, in the State Court Collection Litigation matter, I caused to be served on Plaintiff a set of form interrogatories asking for the identity of those she was contended violated the Rosenthal Act. A true and correct copy of the set of form interrogatories is attached hereto as Exhibit "C" and incorporated herein by reference.

7. Plaintiff's verified response to the form interrogatories is attached hereto as Exhibit "D" and incorporated herein by reference. The Court's attention is respectfully invited to the seventh page of Exhibit "D" and Plaintiff's response to form interrogatory 114.1. Plaintiff did not list me or the LAW OFFICE OF DANIEL J.

1 HORWITZ as a violator of the act.

2 8. The success and survival of my collection law practice depends on
3 adhering to the mandate of the law and avoiding mistakes amounting to debt
4 collection violations. Violating debt collection statutes is something I try to avoid. I
5 work hard to avoid violations of the debt collection statutes. Practicing law is not my
6 hobby, it is my livelihood and I have taken it seriously since gaining admission to the
7 California State Bar in 1982.

8 9. During discovery in this matter, I was asked to identify "and describe
9 with particularity" the training I received and the resources I use to practice law in the
10 area of debt collection. In response, I explained that I:

- 11 • Attend regular MCLE lectures on attorney client relations and attorney
12 fee collections and attorney fee collections and arbitrations;
- 13 • Have served as an arbitrator for the San Diego County Bar Association
14 for over 20 years;
- 15 • Have received the Outstanding Arbitration Panelist award;
- 16 • Have been designated in a litigation matter (a small number of times)
17 as an expert witness in the area of debt collection;
- 18 • Attend the California Association of Collectors, Inc. lecture series,
19 including the 2008 "The Law Works For You" lecture on fair debt
20 collection issues;
- 21 • Subscribe to and regularly use and review materials and updates
22 provided by the National Consumer Law Center's Fair debt collection
23 handbooks and CD ROM materials; Have served as a speaker at
24 MCLE lectures regarding debt collection given to fellow attorneys,
25 including, recently, a lecture at the 26th Annual Summer Seminar
26 presented by The Certified Family Law Specialists Committee of the
27 San Diego County Bar Association; and

LAW OFFICES
MULVANEY, KAHAN & BARRY
A LIMITED LIABILITY PARTNERSHIP
SEVENTEENTH FLOOR
401 WEST A STREET
SAN DIEGO, CALIFORNIA 92101-7944
TELEPHONE 619 238-1010
FACSIMILE 619 238-1981

- Regularly access and use internet sites, in addition to printed materials, to research FDCPA issues. A partial list of those used recently include:
<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre27.pdf>
<http://www.ftc.gov/os/statutes/fdcpa/commentary.htm>
<http://www.cardreport.com/laws/fdcpa/ftc-opinion/novak.html>
http://www.law.cornell.edu/uscode/15/usc_sup_01_15^10_41_20_V.html
<http://www.cardreport.com/laws/fdcpa/fdcpa.html>
http://www.collectioncenter.com/info_center_links/fdcpa_paper.pdf
[http://debtcollectionlawyer.blogspot.com/2007/01/fair-debt-collection-](http://debtcollectionlawyer.blogspot.com/2007/01/fair-debt-collection-practices-act.html)

practices-act.html

http://www.dca.ca.gov/publications/legal_guides/dc_2.pdf

<http://www.edcombs.com/CM/News/news7.asp>

<http://www.fairdebtfaircredit.com/fair-debt-collection-privacy.html>

10. By looking at the validation letters that I have used in my collection law practice, I am able to show how a bona fide error resulted in the use of an outdated validation notice form that is the basis for this action.

11. Prior to April 16, 2008, I had been using a self-prepared form for my validation notices. True and correct copies of two examples of my pre-April 16, 2008, validation notices, prepared on matters for California Accounts Service related to assigned claims by Ambulatory Care Surgery Center are attached hereto as Exhibits "E" and "F" and incorporated herein by reference. The pre-April 16, 2008 form for validation notices was for other clients as well. A true and correct copy of the same pre-April 16, 2008 form, used for a different client is attached hereto as Exhibit G" and incorporated herein by reference.

12. On April 16, 2008, I attended a collection law seminar given by Ronald H. Sargis. A true and correct copy of the face page of the materials distributed at that seminar is attached hereto as Exhibit "H" and is incorporated herein by

1 reference. I took advantage of having Mr. Sargis available to me and I elected to
2 show him the form of validation notice I had been using. Mr. Sargis noted that I was
3 *potentially* violating collection laws by not: (1) stating a *firm amount* in the validation
4 notice; and, (2), requiring that the responses to the validation be *in writing*.

5 13. Based on Mr. Sargis' recommendations, I elected to change my
6 validation notices to conform to his advice. I also decided to begin using the revised
7 validation notices as quickly as practical and to have the computer system at my
8 office distribute a revised validation form to every directory from which a validation
9 notice would thereafter be generated. That revised validation notice was designated
10 as the new form for such notices.

11 14. As contemplated by me, commencing April 17, 2008, validation notices
12 from me were corrected to reflect: (1) a *firm amount* due; and, (2) that the validation
13 requests should be *in writing* to preserve certain rights. True and correct copies of
14 examples of my revised validation notice, intended for use from April 17, 2008
15 forward, are attached hereto as Exhibits "I" and "J" and incorporated herein by
16 reference.

17 15. Prior to April 27, 2008, I read a clause in a validation notice regarding
18 the right of the debtor with respect to being served with a lawsuit. As all of my
19 validation notices are always served with a lawsuit, I thought this language would be
20 appropriate to include in my validation notices. As such, from April 27, 2008 to May
21 12, 2008, I worked on and completed another revision to be incorporated into my
22 recently revised validation notices. Attached hereto as Exhibit "K" and incorporated
23 herein by reference is a true and correct copy of the aforementioned revision.

24 16. After May 12, 2008, it was my intention to only use the new, updated
25 version of the validation notice, which I believe complies with all applicable collection
26 laws. True and correct copies of the new version of the validation notice used by me are
27 attached here as Exhibits "L," "M," and "N" and are incorporated herein by reference.
28

1 17. The State Court Collection Litigation (and the companion matter with
2 Ms. Curiel), was the first time I was retained directly by Ambulatory Care Surgery
3 Center rather than by California Accounts Service, the collection agency as their
4 assignee. After the retention, I prepared the Complaint for the State Court Collection
5 Litigation and I performed a computer search for a validation notice that used the
6 name "Ambulatory Care Surgery Center." Unfortunately, my search program also
7 searched older files. The validation notice located and ultimately used as a template
8 was a pre-April 16, 2008 version.

9 18. I recognized that the validation notice looked different from my current
10 version. I then added the paragraph reflected in Exhibit "K," but through error, I failed
11 to also correct the "principal amount due" language and the "written notice"
12 language.

13 19. This type of error has never happened before or since. I took
14 reasonable precautions to avoid this error by updating all the older validation notice
15 versions as the form is updated and/or improved. I simply made a search error. I
16 have since archived all of the obsolete validation notices, and amended my search
17 parameters to now avoid archived files, so that the error will not be repeated.

18 20. I have personal knowledge of the forgoing facts, and, if called as a
19 witness, I could and would competently testify thereto.

20 I declare under penalty of perjury under the laws of the State of California that
21 the foregoing is true and correct, and that this document was executed on March
22 2, 2010.


DANIEL J. HORWITZ, ESQ.

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24
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26 HORD.101.219875.1
27
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**SUMMONS
(CITACION JUDICIAL)**

SUM-100

NOTICE TO DEFENDANT:**(AVISO AL DEMANDADO):**

ERICA WELKER and DOES 1 through 10, inclusive.

YOU ARE BEING SUED BY PLAINTIFF:**(LO ESTÁ DEMANDANDO EL DEMANDANTE):**

AMBULATORY CARE SURGERY CENTER

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)FILED
Clerk of the Superior Court

OCT 09 2008

BY M. MASON
DEPUTY

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.courtinfo.ca.gov/selfhelp/espanol/), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.courtinfo.ca.gov/selfhelp/espanol/) o poniéndose en contacto con la corte o el colegio de abogados locales.

The name and address of the court is:

(El nombre y dirección de la corte es):

SUPERIOR COURT - LIMITED JURISDICTION
Central Division - Hall of Justice
330 West Broadway
San Diego, California 92101

CASE NUMBER: **37-2008-00093454-CL-CL-CTL**
(Número del Caso)

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:

(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

Daniel J. Horwitz, Esq. Bar No. 105857 (619) 236-1149
LAW OFFICE OF DANIEL J. HORWITZ APC
110 West C Street, Suite 913
San Diego, California 92101

DATE: **SEP 09 2008**

(Fecha)

Clerk, by MARY L. MASON, Deputy
(Secretario) (Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-010).)

(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-010)).

NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of (specify):

3. ☐ on behalf of (specify):

- under: ☐ CCP 416.10 (corporation) ☐ CCP 416.60 (minor)
☐ CCP 416.20 (defunct corporation) ☐ CCP 416.70 (conservatee)
☐ CCP 416.40 (association or partnership) ☐ CCP 416.90 (authorized person)
☐ other (specify):

4. ☐ by personal delivery on (date):

Page 1 of 1

08 OCT -7 PM 3: 28

CLERK - SUPERIOR COURT
SAN DIEGO COUNTY, CA

SUPERIOR COURT - LIMITED JURISDICTION
COUNTY OF SAN DIEGO, CENTRAL DIVISION

PRINCIPAL SUM DEMANDED: \$23,508.61

FIRST CAUSE OF ACTION FOR BREACH OF CONTRACT

3. Defendants DOES 1 through 10, inclusive, are sued herein under fictitious names for the reason that the true names of said Defendants are unknown to the Plaintiff, and Plaintiff will ask leave to amend this Complaint when the true names are ascertained.

1 4. At all times mentioned herein, Plaintiff is
2 informed and believes, and thereon alleges, that each defendant
3 named in this complaint was, and still is, related to the named
4 defendant in a capacity so as to be liable for the damages set
5 forth herein.

6 5. Plaintiff has performed all acts on its part to
7 be performed pursuant to agreements as alleged herein.

8 6. On November 11, 2004 and again on January 13,
9 2005, Plaintiff and defendant WELKER entered into two separate
10 written agreements whereby defendant WELKER acknowledged she
11 would be financially responsible for the services provided for
12 her benefit.

13 7. Pursuant to said written agreements, Plaintiff
14 did permit the use of its facility on two separate occasions,
15 and did undertake to perform certain requested medical-related
16 services on behalf of defendants.

17 8. Defendants breached said agreement by refusing
18 to perform their obligations thereunder, and specifically, by
19 refusing to pay the sum of \$23,508.61 due for the medical-
20 related services rendered.

21 9. As a direct and proximate result of the breach
22 by defendants, and each of them, there is now due, owing and
23 unpaid the principal sum of \$23,508.61, plus interest thereon
24 from and after January 13, 2005, according to proof at trial.

25 SECOND CAUSE OF ACTION FOR MONEY DUE ON OPEN BOOK ACCOUNT

26 10. Plaintiff realleges paragraphs 1 through 9,
27 inclusive, of the First Cause of Action, and incorporates them
28 herein by reference as though fully set forth.

 11. Within four years last past, defendants, and
each of them, became indebted to plaintiff herein in the

1 principal sum of \$23,508.61 upon an open book account for
2 medical-related services furnished at the request of
3 defendants, and each of them.

4 12. Demand has been made upon defendants for the
5 payment of said sum, but none of said sum has been paid. There
6 is now due and owing the principal sum of \$23,508.61, together
7 with interest thereon from and after January 13, 2005.
8 Defendants have failed and refused and continue to fail and
9 refuse to pay said sum or any part thereof.

10 13. Plaintiff here claims an award of attorney's
11 fees pursuant to Civil Code section 1717.5.

12 WHEREFORE, Plaintiff prays judgment as follows:

13 1. For the principal of \$23,508.61, together with
14 interest thereon from and after January 13, 2005, according to
15 proof at trial;

16 2. For costs of suit herein incurred;

17 3. For statutory attorney's fees; and,

18 4. For such other and further relief as the Court
19 deems just and proper.

20 DATED: October 2, 2008



21 DANIEL J. HORWITZ, ESQ.,
22 attorney for plaintiff,
23 AMBULATORY CARE SURGERY
24 CENTER
25
26
27

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address): Daniel J. Horwitz, Esq. Bar No. 105857 LAW OFFICE OF DANIEL J. HORWITZ APC 110 West C Street Suite 913 San Diego, California 92101 TELEPHONE NO.: (619) 236-1149 FAX NO.: ATTORNEY FOR (Name): Plaintiff AMBULATORY CARE		FOR COURT USE ONLY FILED CIVIL RIGHTS OFFICE 14 OCT 7 2008 02 OCT -7 PM 3:26 CLERK SUPERIOR COURT SAN DIEGO COUNTY, CA
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: Central Division - Hall of Justice MAILING ADDRESS: 330 West Broadway CITY AND ZIP CODE: San Diego, California 92101 BRANCH NAME:		CASE NUMBER: 37-2008-00093454-CL-CL-CTL JUDGE: DEPT:
CASE NAME: AMBULATORY CARE v. WELKER		
CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input checked="" type="checkbox"/> Limited (Amount demanded is \$25,000 or less)	Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)	

Items 1-6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (18) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15)	Contract <input type="checkbox"/> Breach of contract/warranty (06) <input checked="" type="checkbox"/> Rule 3.740 collections (09) <input type="checkbox"/> Other collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39)	Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400-3.403) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental/Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (not specified above) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (not specified above) (43)
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2. This case ☐ is ☒ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- | | |
|--|--|
| a. <input type="checkbox"/> Large number of separately represented parties | d. <input type="checkbox"/> Large number of witnesses |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence | f. <input type="checkbox"/> Substantial postjudgment judicial supervision |
3. Remedies sought (check all that apply): a. ☒ monetary b. ☐ nonmonetary; declaratory or injunctive relief c. ☐ punitive
4. Number of causes of action (specify): 2
5. This case ☐ is ☒ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)

Date: 10/2/08

Daniel J. Horwitz, Esq. Bar No. 105857

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Page 1 of 2

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

October 2, 2008

TO: ERICA WELKER
6064 Paseo Pradera
Carlsbad, CA 92009

RE: Creditor: AMBULATORY CARE SURGERY CENTER
Principal amount of claim: \$23,508.61

AMBULATORY CARE SURGERY CENTER has retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs related to your past-due account for medical services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

All statements set forth herein pertain to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

EXHIBIT A

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): LAW OFFICES OF DANIEL J. HORWITZ DANIEL J. HORWITZ - SBN # 105857 110 W. "C" STREET, SUITE 913 SAN DIEGO, CA 92101 TELEPHONE NO. (Optional) (619) 236-1149 FAX NO. (Optional) (619) 236-0798 EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF: SAN DIEGO STREET ADDRESS: 330 W. BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME:	
PLAINTIFF/PETITIONER: AMBULATORY CARE DEFENDANT/RESPONDENT: WELKER	CASE NUMBER: 37-2008-00093454-CL-CL-CTL
PROOF OF SERVICE OF SUMMONS	Ref No. or File No. 0P146043-01/

(Separate proof of service is required for each party served)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of the summons and
 - e. other (specify documents):
SUMMONS AND COMPLAINT; NOTICE OF CASE ASSIGNMENT; VALIDATION NOTICE;
3. a. Party Served: (specify name of party as shown on the documents served):
ERICA WELKER
- b. Person Served: **JANE DOE / COMPETENT MEMBER OF HOUSEHOLD**
4. Address where the party was served: **2935 RANCHO CORTES**
CARLSBAD, CA 92011
5. I served the party (check proper box)
 - b. by substituted service. On (date): **October 30, 2008** at (time): **08:40 am** I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3b):
JANE DOE / COMPETENT MEMBER OF HOUSEHOLD

Physical Description:

AGE: 30'S	HAIR: DRK	HEIGHT: 5'7"	RACE: C
SEX: F	EYES:	WEIGHT: 125	

- (2) (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
- (4) a declaration of mailing is attached
- (5) I attach a declaration of diligence stating actions taken first to attempt personal service.

PETITIONER: AMBULATORY CARE RESPONDENT: WELKER	CASE NUMBER:
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6. The "Notice to the Person Served" (on the summons) was completed as follows:
- as an individual defendant

7. Person who served papers

- Name: BRIAN S. ARTHUR
- Address: 3500 5th. AVE. SUITE 202, SAN DIEGO, CA 92103
- Telephone: (619) 299-2012
- The fee for service was: \$ 135.75
- I am: (3) a registered California process server
 - INDEPENDENT CONTRACTOR
 - Registration No.: 326
 - County : SAN DIEGO

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: October 31, 2008

BRIAN S. ARTHUR

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHALL)



(SIGNATURE)

Page 2 of 2

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) LAW OFFICES OF DANIEL J. HORWITZ DANIEL J. HORWITZ - SBN # 105857 110 W. "C" STREET, SUITE 913 SAN DIEGO, CA 92101		TELEPHONE NO. (619) 236-1149	FOR COURT USE ONLY
ATTORNEY FOR (NAME) Insert name of court, judicial district or branch court, if any, and post office and street address SAN DIEGO SUPERIOR COURT, 330 W. BROADWAY SAN DIEGO, CA 92101		REFERENCE NUMBER 0P146043-01	
SHORT NAME OF CASE AMBULATORY CARE vs. WELKER			
DECLARATION OF DILIGENCE	DATE:	TIME:	
		DEPT/DIV:	CASE NUMBER: 37-2008-00093454-CL-CL-CTL

I received the within process on October 13, 2008 and that after due and diligent effort I have been able to effect service on the within named party at the following address. However, extraordinary efforts were required to effect service as described below.

Name: ERICA WELKER

Home: 2935 RANCHO CORTES
CARLSBAD, CA 92011

As enumerated below:

10/15/08	09:05 pm	NO ANSWER AT DOOR. LIGHTS ON INSIDE OF THE RESIDENCE.
10/17/08	07:45 am	NO ANSWER AT DOOR (RESIDENCE).
10/19/08	11:55 am	BAD ADDRESS (RESIDENCE) AT: 6064 PASEO PRADERA, CARLSBAD CA 92009. JIMENEZ / OWNER, BOUGHT HOUSE ONE YEAR AGO.
10/20/08	04:00 pm	RELOCATED SUBJECT AT: 2935 RANCHO CORTES, CARLSBAD, CA 92009.
10/20/08	08:25 pm	NO ANSWER AT DOOR. LIGHTS ON INSIDE OF THE RESIDENCE. (RANCHO CORTES)
10/21/08	07:10 am	NO ANSWER AT DOOR (RESIDENCE). (RANCHO CORTES)
10/23/08	06:20 pm	NO ANSWER AT DOOR (RESIDENCE). (RANCHO CORTES)
10/25/08	10:15 am	NO ANSWER AT DOOR (RESIDENCE). (RANCHO CORTES)
10/27/08	07:35 pm	NO ANSWER AT DOOR. LIGHTS ON INSIDE OF THE RESIDENCE. (RANCHO CORTES)
10/30/08	08:40 am	SUBSTITUTED SERVICE. RECIPIENT INSTRUCTED TO DELIVER DOCUMENTS TO NAMED DEFENDANT.

Fee for service: \$ 135.75

JUDICIAL COUNCIL FORM, RULE #982 (A)(23)		I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on: <u>October 31, 2008</u> at: <u>SAN DIEGO</u> , California.	
<input checked="" type="checkbox"/> Registered: SAN DIEGO County,	Number: 326		
ADVANCED ATTORNEY SERVICES, INC. 3500 5th Avenue, #202, San Diego, CA 92103 (619)299-2012		Signature: <u>BRIAN S. ARTHUR</u> Title: <u>INDEPENDENT CONTRACTOR</u>	
3210P146043-01		EXHIBIT B	

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) LAW OFFICES OF DANIEL J. HORWITZ DANIEL J. HORWITZ - SBN # 105857 110 W. "C" STREET, SUITE 913 SAN DIEGO, CA 92101		TELEPHONE NO. (619) 236-1149	FOR COURT USE ONLY
ATTORNEY FOR (NAME)		REFERENCE NUMBER CP146043-01	
Insert name of court, judicial district or branch court, if any, and post office and street address SAN DIEGO SUPERIOR COURT, 330 W. BROADWAY SAN DIEGO, CA 92101			
SHORT NAME OF CASE AMBULATORY CARE vs. WELKER			
DECLARATION OF MAILING	DATE:	TIME:	DEPT/DIV: CASE NUMBER: 37-2008-00093454-CL-CL-CTL

I am a citizen of the United States and employed in the County of San Diego, California. I am over the age of 18 and not a party to this action. My business address is 3500 Fifth Avenue, #202, San Diego, CA 92103

On October 30, 2008, after substituted service under section CCP 415.20 (A) or 415.20 (B) or FRCIV.P 4(D)(1) was made, I mailed copies of the:

SUMMONS AND COMPLAINT; NOTICE OF CASE ASSIGNMENT; VALIDATION NOTICE;

to the defendant in said action by placing a true copy thereof enclosed in a sealed envelope, with First Class postage thereon fully prepaid, in the United States Mail at SAN DIEGO, California, addressed as follows:

**ERICA WELKER
2935 RANCHO CORTES
CARLSBAD, CA 92011**

I am readily familiar with the firm's practice of collection and processing correspondence for mailing. It is deposited with the U.S. Postal Service on that same day in the ordinary course of business.

I declare under penalty of perjury that the foregoing is true and correct and this declaration was executed on October 31, 2008 at San Diego, California.

Fee for service: \$ 135.75

JUDICIAL COUNCIL FORM, RULE #982 (A)(23)		I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed	
<input checked="" type="checkbox"/> Registered: San Diego County,	on: October 31, 2008	at: San Diego California.	
Number: 1249			
ADVANCED ATTORNEY SERVICES, INC. 3500 5th Avenue, #202, San Diego, CA 92103 (619)299-2012		Signature: _____ Name: R. Mericle Title: Employee	
322/0P146043-01		EXHIBIT B	

DISC-004

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Daniel J. Horwitz, Esq. Bar No. 105857 LAW OFFICE OF DANIEL J. HORWITZ APC 110 West C Street Suite 913 San Diego, California 92101 TELEPHONE NO.: (619) 236-1149 FAX NO. (Optional): 619-236-0793 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff AMBULATORY CARE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO SUPERIOR COURT - LIMITED JURISDICTION	
SHORT TITLE: AMBULATORY CARE v. WELKER	
FORM INTERROGATORIES—LIMITED CIVIL CASES (Economic Litigation) Asking Party: Plaintiff AMBULATORY CARE SURGERY CENTER Answering Party: ERICA WELKER Set No.: 1	CASE NUMBER: 37-2008-00093454-CL-CL-CTL

Sec. 1. Instructions to All Parties

- (a) Interrogatories are written questions prepared by a party to an action that are sent to any other party in the action to be answered under oath. The interrogatories below are form interrogatories approved for use in economic litigation.
- (b) For time limitations, requirements for service on other parties, and other details, see Code of Civil Procedure sections 2030.010–2030.410 and the cases construing those sections.
- (c) These form interrogatories do not change existing law relating to interrogatories, nor do they affect an answering party's right to assert any privilege or make any objection.

Sec. 2. Instructions to the Asking Party

- (a) These interrogatories are designed for optional use by parties under economic litigation in limited civil cases. See Code of Civil Procedure sections 90 through 100. However, these interrogatories also may be used in unlimited civil cases.
- (b) There are restrictions on discovery for most limited civil cases. These restrictions limit the number of interrogatories that may be asked. For details, read Code of Civil Procedure section 94.
- (c) Some of these interrogatories are similar to questions in the *Case Questionnaire for Limited Civil Cases* (form DISC-010) and may be omitted if the information sought has already been provided in a completed *Case Questionnaire*.
- (d) Check the box next to each interrogatory that you want the answering party to answer. Use care in choosing those interrogatories that apply to the case and are within the restrictions discussed above.
- (e) You may insert your own definition of INCIDENT in Section 4, but only where the action arises from a course of conduct or a series of events occurring over a period of time.
- (f) The interrogatories in section 116.0, Defendant's Contentions - Personal Injury, should not be used until defendant has had a reasonable opportunity to conduct an investigation or discovery of plaintiff's injuries and damages.
- (g) Additional interrogatories may be attached, subject to the restrictions discussed above.

Sec. 3. Instructions to the Answering Party

- (a) Subject to the restrictions discussed above, you must answer or provide another appropriate response to each interrogatory that has been checked below.

- (b) As a general rule, within 30 days after you are served with these interrogatories, you must serve your responses on the asking party and serve copies of your responses on all other parties who have appeared. See Code of Civil Procedure sections 2030.260–2030.270 for details.
- (c) Each answer must be as complete and straight-forward as the information reasonably available to you permits. If an interrogatory cannot be answered completely, answer it to the extent possible.
- (d) If you do not have enough personal knowledge to fully answer an interrogatory, say so, but make a reasonable and good faith effort to get the information by asking other persons or organizations, unless the information is equally available to the asking party.
- (e) Whenever an interrogatory may be answered by referring to a document, the document may be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer to the interrogatory can be found.
- (f) Whenever an address and telephone number for the same person are requested in more than one interrogatory, you are required to furnish them in answering only the first interrogatory asking for that information.
- (g) Your answers to these interrogatories must be verified, dated, and signed. You may wish to use the following form at the end of your answers:

I declare under penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

(DATE)

(SIGNATURE)

Sec. 4. Definitions

Words in **BOLDFACE CAPITALS** in these interrogatories are defined as follows:

(Check one of the following):

- (a) ☐ (1) **INCIDENT** includes the circumstances and events surrounding the alleged accident, injury, or other occurrence or breach of contract giving rise to this action or proceeding.

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☒ (2) **INCIDENT** means (insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"): _____

The facts, circumstances and events related to the cause of action for Violations of the Rosenthal Fair Debt Collection Practices Act.

(b) **YOU OR ANYONE ACTING ON YOUR BEHALF** includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostating, photographing, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

- 101.0 Identity of Persons Answering These Interrogatories
- 102.0 General Background Information - Individual
- 103.0 General Background Information - Business Entity
- 104.0 Insurance
- 105.0 [Reserved]
- 106.0 Physical, Mental, or Emotional Injuries
- 107.0 Property Damage
- 108.0 Loss of Income or Earning Capacity
- 109.0 Other Damages
- 110.0 Medical History
- 111.0 Other Claims and Previous Claims
- 112.0 Investigation - General
- 113.0 [Reserved]
- 114.0 Statutory or Regulatory Violations
- 115.0 Claims and Defenses
- 116.0 Defendant's Contentions - Personal Injury
- 117.0 [Reserved]
- 120.0 How the Incident Occurred - Motor Vehicle
- 125.0 [Reserved]
- 130.0 [Reserved]
- 135.0 [Reserved]
- 150.0 Contract
- 160.0 [Reserved]
- 170.0 [Reserved]

101.0 Identity of Persons Answering These Interrogatories

- ☐ 101.1 State the name, ADDRESS, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (Do not identify anyone who simply typed or reproduced the responses.)

102.0 General Background Information - Individual

- ☐ 102.1 State your name, any other names by which you have been known, and your ADDRESS.
- ☐ 102.2 State the date and place of your birth.
- ☐ 102.3 State, as of the time of the INCIDENT, your driver's license number, the state of issuance, the expiration date, and any restrictions.
- ☐ 102.4 State each residence ADDRESS for the last five years and the dates you lived at each ADDRESS.
- ☐ 102.5 State the name, ADDRESS, and telephone number of each employer you have had over the past five years and the dates you worked for each.
- ☐ 102.6 Describe your work for each employer you have had over the past five years.
- ☐ 102.7 State the name and ADDRESS of each academic or vocational school you have attended, beginning with high school, and the dates you attended each.
- ☐ 102.8 If you have ever been convicted of a felony, state, for each, the offense, the date and place of conviction, and the court and case number.
- ☐ 102.9 State the name, ADDRESS, and telephone number of any **PERSON** for whom you were acting as an agent or employee at the time of the INCIDENT.
- ☒ 102.10 Describe any physical, emotional, or mental disability or condition that you had that may have contributed to the occurrence of the INCIDENT.
- ☐ 102.11 Describe the nature and quantity of any alcoholic beverage, marijuana, or other drug or medication of any kind that you used within 24 hours before the INCIDENT.

103.0 General Background Information - Business Entity

- ☐ 103.1 State your current business name and ADDRESS, type of business entity, and your title.

104.0 Insurance

- ☒ 104.1 State the name and ADDRESS of each insurance company and the policy number and policy limits of each policy that may cover you, in whole or in part, for the damages related to the INCIDENT.

105.0 [Reserved]

106.0 Physical, Mental, or Emotional Injuries

- ☒ 106.1 Describe each injury or illness related to the INCIDENT.
- ☒ 106.2 Describe your present complaints about each injury or illness related to the INCIDENT.
- ☒ 106.3 State the name, ADDRESS, and telephone number of each **HEALTH CARE PROVIDER** who treated or examined you for each injury or illness related to the INCIDENT and the dates of treatment or examination.

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☒ 106.4 State the type of treatment or examination given to you by each HEALTH CARE PROVIDER for each injury or illness related to the INCIDENT.

☒ 106.5 State the charges made by each HEALTH CARE PROVIDER for each injury or illness related to the INCIDENT.

☒ 106.6 State the nature and cost of each health care service related to the INCIDENT not previously listed (for example, medication, ambulance, nursing, prosthetics).

☒ 106.7 State the nature and cost of the health care services you anticipate in the future as a result of the INCIDENT.

☒ 106.8 State the name and ADDRESS of each HEALTH CARE PROVIDER who has advised you that you may need future health care services as a result of the INCIDENT.

107.0 Property Damage

☐ 107.1 Itemize your property damage and, for each item, state the amount or attach an itemized bill or estimate.

108.0 Loss of Income or Earning Capacity

☒ 108.1 State the name and ADDRESS of each employer or other source of the earnings or income you have lost as a result of the INCIDENT.

☒ 108.2 Show how you compute the earnings or income you have lost, from each employer or other source, as a result of the INCIDENT.

☒ 108.3 State the name and ADDRESS of each employer or other source of the earnings or income you expect to lose in the future as a result of the INCIDENT.

☒ 108.4 Show how you compute the earnings or income you expect to lose in the future, from each employer or other source, as the result of the INCIDENT.

109.0 Other Damages

☒ 109.1 Describe each other item of damage or cost that you attribute to the INCIDENT, stating the dates of occurrence and the amount.

110.0 Medical History

☒ 110.1 Describe and give the date of each complaint or injury, whether occurring *before or after* INCIDENT, that involved the same part of your body claimed to have been injured in the INCIDENT.

☒ 110.2 State the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who examined or treated you for each injury or complaint, *whether occurring before or after* the INCIDENT, that involved the same part of your body claimed to have been injured in the INCIDENT and the dates of examination or treatment.

111.0 Other Claims and Previous Claims

☒ 111.1 Identify each personal injury claim that YOU OR ANYONE ACTING ON YOUR BEHALF have made within the past ten years and the dates.

☒ 111.2 State the case name, court, and case number of each personal injury action or claim filed by YOU OR ANYONE ACTING ON YOUR BEHALF within the past ten years.

112.0 Investigation - General

☐ 112.1 State the name, ADDRESS, and telephone number of each individual who has knowledge of facts relating to the INCIDENT, and specify his or her area of knowledge.

☐ 112.2 State the name, ADDRESS, and telephone number of each individual who gave a written or recorded statement relating to the INCIDENT and the date of the statement.

☐ 112.3 State the name, ADDRESS, and telephone number of each PERSON who has the original or a copy of a written or recorded statement relating to the INCIDENT.

☐ 112.4 Identify each document or photograph that describes or depicts any place, object, or individual concerning the INCIDENT or plaintiff's injuries, or attach a copy. (If you do not attach a copy, state the name, ADDRESS, and telephone number of each PERSON who had the original document or photograph or a copy.)

☐ 112.5 Identify each other item of physical evidence that shows how the INCIDENT occurred or the nature or extent of plaintiff's injuries, and state the location of each item, and the name, ADDRESS, and telephone number of each PERSON who has it.

113.0 [Reserved]

114.0 Statutory or Regulatory Violations

☒ 114.1 If you contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a cause of the INCIDENT, identify each PERSON and the statute, ordinance, or regulation.

115.0 Claims and Defenses

☐ 115.1 State in detail the facts upon which you base your claims that the PERSON asking this Interrogatory is responsible for your damages.

☐ 115.2 State in detail the facts upon which you base your contention that you are not responsible, in whole or in part, for plaintiff's damages.

☐ 115.3 State the name, ADDRESS, and the telephone number of each PERSON, other than the PERSON asking this interrogatory, who is responsible, in whole or in part, for damages claimed in this action.

116.0 Defendant's Contentions - Personal Injury*[See Instruction 2(f)]*

- ☐ 116.1 If you contend that any PERSON, other than you or plaintiff, contributed to the occurrence of the INCIDENT or the injuries or damages claimed by plaintiff, state the name, ADDRESS, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- ☐ 116.2 If you contend that plaintiff was not injured in the INCIDENT, state the name, ADDRESS, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- ☐ 116.3 If you contend that the injuries or the extent of the injuries claimed by plaintiff were not caused by the INCIDENT, state the name, ADDRESS, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- ☐ 116.4 If you contend that any of the services furnished by any HEALTH CARE PROVIDER were not related to the INCIDENT, state the name, ADDRESS, and telephone number of each individual who has knowledge of the facts upon which you base your contention.
- ☐ 116.5 If you contend that any of the costs of services furnished by any HEALTH CARE PROVIDER were unreasonable, identify each service that you dispute, the cost, and the HEALTH CARE PROVIDER.
- ☐ 116.6 If you contend that any part of the loss of earnings or income claimed by plaintiff was unreasonable, identify each part of the loss that you dispute and each source of the income or earnings.
- ☐ 116.7 If you contend that any of the property damage claimed by plaintiff was not caused by the INCIDENT, identify each item of property damage that you dispute.
- ☐ 116.8 If you contend that any of the costs of repairing the property damage claimed by plaintiff were unreasonable, identify each cost item that you dispute.
- ☐ 116.9 If you contend that, within the last ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the INCIDENT, identify each related injury and the date.
- ☐ 116.10 If you contend that, within the past ten years, plaintiff made a claim for personal injuries that are related to the injuries claimed in the INCIDENT, state the name, court, and case number of each action filed.

117.0 [Reserved]**120.0 How the Incident Occurred - Motor Vehicle**

- ☐ 120.1 State how the INCIDENT occurred.
- ☐ 120.2 For each vehicle involved in the INCIDENT, state the year, make, model, and license number.
- ☐ 120.3 For each vehicle involved in the INCIDENT, state the name, ADDRESS, and telephone number of the driver.

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- ☐ 120.4 For each vehicle involved in the INCIDENT, state the name, ADDRESS, and telephone number of each occupant other than the driver.
- ☐ 120.5 For each vehicle involved in the INCIDENT, state the name, ADDRESS, and telephone number of each registered owner.
- ☐ 120.6 For each vehicle involved in the INCIDENT, state the name, ADDRESS, and telephone number of each lessee.
- ☐ 120.7 For each vehicle involved in the INCIDENT, state the name, ADDRESS, and telephone number of each owner other than the registered owner or lien holder.
- ☐ 120.8 For each vehicle involved in the INCIDENT, state the name of each owner who gave permission or consent to the driver to operate the vehicle.

150.0 Contract

- ☐ 150.1 Identify all DOCUMENTS that are part of the agreement and for each state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☐ 150.2 State each part of the agreement not in writing, the name, ADDRESS, and telephone number of each PERSON agreeing to that provision, and the date that part of the agreement was made.
- ☐ 150.3 Identify all DOCUMENTS that evidence each part of the agreement not in writing, and for each state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☐ 150.4 Identify all DOCUMENTS that are part of each modification to the agreement, and for each state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☐ 150.5 State each modification not in writing, the date, and the name, ADDRESS, and telephone number of the PERSON agreeing to the modification, and the date the modification was made.
- ☐ 150.6 Identify all DOCUMENTS that evidence each modification of the agreement not in writing and for each state the name, ADDRESS, and telephone number of the PERSON who has each DOCUMENT.
- ☐ 150.7 Describe and give the date of every act or omission that you claim is a breach of the agreement.
- ☐ 150.8 Identify each agreement excused and state why performance was excused.
- ☐ 150.9 Identify each agreement terminated by mutual agreement and state why it was terminated, including dates.
- ☐ 150.10 Identify each unenforceable agreement and state the facts upon which your answer is based.
- ☐ 150.11 Identify each ambiguous agreement and state the facts upon which your answer is based.

SUPERIOR COURT - LIMITED JURISDICTION Central Division - Hall of Justice San Diego, California 92101			FOR COURT USE ONLY
TITLE OF CASE (Abbreviated) AMBULATORY CARE v. WELKER			
ATTORNEY(S) NAME AND ADDRESS Daniel J. Horwitz, Esq. Bar No. 105857 LAW OFFICE OF DANIEL J. HORWITZ APC 110 West C Street Suite 913 San Diego, California 92101			
ATTORNEY(S) FOR: Plaintiff AMBULATORY CARE	TELEPHONE: (619) 236-1149	HEARING DATE - TIME - DEPT.	CASE NUMBER 37-2008-00093454-CL-CL-CTL

DECLARATION OF SERVICE BY MAIL

I, Lori G. Horwitz, declare: That I am, and was at the time of service of the papers herein referred to, over the age of eighteen years, and not a party to the action; and I am

employed _____ in the County of SAN DIEGO, California, in
(Residing/Employed)

which county the within-mentioned mailing occurred. My business address is
(Residence/Business)

110 West C Street, Suite 913, San Diego, CA 92101. I served the
(No., Street) (City, State)

following document(s) PLAINTIFF'S FIRST SET OF FORM INTERROGATORIES PROPOUNDED TO ERICA
(set forth exact title of document(s))

WELKER

by placing a copy thereof in a separate envelope for each addressee named hereafter, addressed to each such addressee respectively as follows:

Robert L. Hyde, Esq.
Joshua B. Swigart, Esq.
Hyde & Swigart
411 Camino del Rio South, Suite 301
San Diego, CA 92108

James W. Hodges, Esq.
4475 Mission Boulevard, Suite 216
San Diego, CA 92109-3966

I then sealed each envelope and placed it for mailing in accord with our business' practice on February 5, 2008.

I am readily familiar with our business' practice for collecting, processing and mailing correspondence and pleadings. Such correspondence and pleadings are deposited on the same day with the U.S. Postal Service in the ordinary course of business.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on February 5, 2008.

Lori G. Horwitz
(Signature)

PROOF OF SERVICE BY MAIL
(C.C.P. 1013a and 2015.5)

EXHIBIT C SD-72

1 Joshua B. Swigart, Esq. (SBN: 225557)
 2 josh@westcoastlitigation.com
 3 Tiffany G. Jensen, Esq. (SBN: 256842)
 4 tiffany@westcoastlitigation.com
 5 **Hyde & Swigart**
 6 411 Camino Del Rio South, Suite 301
 7 San Diego, CA 92108-3551
 8 Telephone: (619) 233-7770
 9 Facsimile: (619) 297-1022

10 Attorneys for Defendant
 11 Erica Welker

12 **SUPERIOR COURT OF CALIFORNIA**
 13 **COUNTY OF SAN DIEGO**

14 **AMBULATORY CARE**
 15 **SURGERY CENTER,**

16 Plaintiff,

17 v.

18 **ERICA WELKER, AND DOES**
 19 **1 THROUGH 10, INCLUSIVE,**

20 Defendants.

CASE NO: 37-2008-00093454-CL-CL-CTL

DEFENDANT ERICA WELKER'S
RESPONSES TO PLAINTIFF
AMBULATORY CARE SURGERY
CENTER'S FORM
INTERROGATORIES, SET ONE

21 PROPOUNDING PARTY: **PLAINTIFF, AMBULATORY CARE**
 22 **SURGERY CENTER**

23 SET NO.: **ONE**

24 RESPONDING PARTY: **DEFENDANT, ERICA WELKER**

25 **TO PLAINTIFF AMBULATORY CARE SURGERY CENTER, AND**
 26 **ITS ATTORNEYS OF RECORD:**

27 **COMES NOW** Defendant, **ERICA WELKER**, by and through counsel, and
 28 hereby responds as follows to Plaintiff **AMBULATORY CARE SURGERY**
CENTER'S FORM INTERROGATORIES to Defendant, heretofore filed in this

EXHIBIT D

HYDE & SWIGART
San Diego, California

1 case, without in any way waiving or intending to waive, but on the contrary
2 intending to reserve and reserving:

3 (a) All questions and objections as to competency, relevancy,
4 materiality, privilege admissibility as evidence for any purpose in any
5 subsequent proceeding in, or the hearing of this action, of any of these
6 answers or the subject matter thereof;

7 (b) The right to object to the use of any of said answers, or the subject
8 matter thereof, in any subsequent proceeding, in or the hearing of this
9 action, on any grounds;

10 (c) The right to object on any grounds or at any time to demand for
11 further response to these or other discovery documents or other
12 discovery procedures involved or related to the subject matter of the
13 form interrogatories herein answered; and

14 (d) The right at any time, to revise, correct, add to or clarify any of
15 said answers propounded herein.

16 **FORM INTERROGATORIES**

17 **FORM INTERROGATORY NO. 102.10:**

18 Describe any physical, emotional, or mental disability or condition that you
19 had that may have contributed to the occurrence of the INCIDENT.

20 **RESPONSE TO FORM INTERROGATORY NO. 102.10:**

21 Headaches, loss of sleep, nightmares, panic attacks, anxiety, waking up in the
22 middle of the night, afraid to answer home phone or go to the mailbox, extreme
23 stress, and depression

24 Defendant's children were also caused unnecessary fear when Defendant was
25 served papers late at night on October 30, 2008. The process server was pounding
26 on the front door and repeatedly ringing the doorbell.

27 //

28 //

//

EXHIBIT D

1 **FORM INTERROGATORY NO. 104.1**

2 State the name and ADDRESS of each insurance company and the policy
3 number and policy limits of each policy that may cover you, in whole or in part,
4 for the damages related to the INCIDENT.

5 **RESPONSE TO FORM INTERROGATORY NO. 104.1**

6 PacifiCare PPO was Defendant's insurance at the time of surgery, Group
7 #90172444. Blue Shield of California PPO is Defendant's current insurance
8 company.

9 **FORM INTERROGATORY NO. 106.1**

10 Describe each injury or illness related to the INCIDENT.

11 **RESPONSE TO FORM INTERROGATORY NO. 106.1**

12 Headaches, loss of sleep, nightmares, panic attacks, anxiety, waking up in the
13 middle of the night, afraid to answer home phone or go to the mailbox, extreme
14 stress, and depression.

15 Defendant's children were also caused unnecessary fear when Defendant was
16 served papers late at night on October 30, 2008. The process server was pounding
17 on the front door and repeatedly ringing the doorbell.

18 **FORM INTERROGATORY NO. 106.2:**

19 Describe your present complaints about each injury or illness related to the
20 INCIDENT.

21 **RESPONSE TO FORM INTERROGATORY NO. 106.2:**

22 Headaches, loss of sleep, nightmares, panic attacks, anxiety, waking up in the
23 middle of the night, afraid to answer home phone or go to the mailbox, extreme
24 stress, and depression.

25 Defendant's children were also caused unnecessary fear when Defendant was
26 served papers late at night on October 30, 2008. The process server was pounding
27 on the front door and repeatedly ringing the doorbell.

28 //

 //

EXHIBIT D

HYDE & SWIGART
San Diego, California**FORM INTERROGATORY NO. 106.3:**

State the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who treated or examined you for each injury or illness related to the INCIDENT and the dates of treatment or examination.

RESPONSE TO FORM INTERROGATORY NO. 106.3:

Joe D'Armis in Encinitas, CA treated Defendant for headaches and stress.

FORM INTERROGATORY. 106.4:

State the type of treatment or examination given to you by each HEALTH CARE PROVIDER for each injury or illness related to the INCIDENT.

RESPONSE TO FORM INTERROGATORY NO. 106.4:

Dr. Joe D'Armis is a Chiropractor. He did some chiropractic work on Defendant to help treat the headaches.

FORM INTERROGATORY NO. 106.5:

State the charges made by each HEALTH CARE PROVIDER for each injury or illness related to the INCIDENT.

RESPONSE TO FORM INTERROGATORY NO. 106.5:

\$75.00 each office visit and Defendant has had at least 2 visits as of the time this discovery is being responded to.

FORM INTERROGATORY NO. 106.6:

State the nature and cost of each health care service related to the INCIDENT not previously listed (for example, medication, ambulance, nursing, prosthetics).

RESPONSE TO FORM INTERROGATORY NO. 106.6:

None.

FORM INTERROGATORY NO. 106.7:

State the nature and cost of the health care services you anticipate in the future as a result of the INCIDENT.

RESPONSE TO FORM INTERROGATORY NO. 106.7:

1 Any further medical attention that will be needed as a result of added stress and
2 anxiety of this suit.

3 **FORM INTERROGATORY NO. 106.8:**

4 State the name and ADDRESS of each HEALTH CARE PROVIDER who
5 has advised you that you may need future health care services as a result of the
6 INCIDENT.

7 **RESPONSE TO FORM INTERROGATORY NO. 106.8:**

8 None.

9 **FORM INTERROGATORY NO. 108.1:**

10 State the name and ADDRESS of each employer or other source of the
11 earnings or income you have lost as a result of the INCIDENT.

12 **RESPONSE TO FORM INTERROGATORY NO. 108.1:**

13 None.

14 **FORM INTERROGATORY NO. 108.2:**

15 Show how you compute the earnings or income you have lost, from each
16 employer or other source, as a result of the INCIDENT.

17 **RESPONSE TO FORM INTERROGATORY NO. 108.2:**

18 None.

19 **FORM INTERROGATORY NO. 108.3:**

20 State the name and ADDRESS of each employer or other source of the
21 earnings or income you expect to lose in the future as a result of the INCIDENT.

22 **RESPONSE TO FORM INTERROGATORY NO. 108.3:**

23 None.

24 **FORM INTERROGATORY NO. 108.4:**

25 Show how you compute the earnings or income you expect to lose in the
26 future, from each employer or other source, as a result of the INCIDENT.

27 **RESPONSE TO FORM INTERROGATORY NO. 108.4:**

28 None.

//

HYDE & SWIGART
San Diego, California

FORM INTERROGATORY NO. 109.1:

Describe each other item of damage or cost that you attribute to the INCIDENT, stating the dates of occurrence and the amount.

RESPONSE TO FORM INTERROGATORY NO. 109.1:

Defendant has spent over 2000 hours from October 17, 2007 to present, making phone calls to Plaintiff and many others regarding this action as well as in travel to meetings with Parties associated with this action. Defendant has also had to incur legal expenses to enlist the aid of several attorneys.

FORM INTERROGATORY NO. 110.1:

Describe and give the date of each complaint, or injury, whether occurring *before or after* INCIDENT, that involved the same part of your body claimed to have been injured in the INCIDENT.

RESPONSE TO FORM INTERROGATORY NO. 110.1:

Defendant is not claiming injury to a certain body part. However, Defendant has had headaches, loss of sleep, nightmares, panic attacks, anxiety, waking up in the middle of the night, afraid to answer home phone or go to the mailbox, extreme stress, and depression. Defendant does not recall the exact date Defendant started complaining about them but it was around the time Plaintiff started attempting to collect the alleged debt

Defendant's children were also caused unnecessary fear when Defendant was served papers late at night on October 30, 2008. The process server was pounding on the front door and repeatedly ringing the doorbell.

FORM INTERROGATORY NO. 110.2:

State the name, ADDRESS, and telephone number of each HEALTH CARE PROVIDER who examined or treated you for each injury or complaint, whether occurring *before or after* the INCIDENT, that involved the same part of your body claimed to have been injured in the INCIDENT and the date of examination or treatment.

//

EXHIBIT D

HYDE & SWIGART
San Diego, California**RESPONSE TO FORM INTERROGATORY NO. 110.2:**

Defendant is not claiming injury to a certain body part. Joe D'Armis in Encinitas, CA treated Defendant for headaches and stress.

FORM INTERROGATORY NO. 111.1:

Identify each personal injury claim that YOU OR ANYONE ACTING ON YOUR BEHALF have made within the past ten years and the dates.

RESPONSE TO FORM INTERROGATORY NO. 111.1:

None.

FORM INTERROGATORY NO. 111.2:

State the case name, court, and case number of each personal injury action or claim filed by YOU OR ANYONE ACTING ON YOUR BEHALF within the past ten years.

RESPONSE TO FORM INTERROGATORY NO. 111.2:

None.

FORM INTERROGATORY NO. 114.1:

If you contend that any PERSON involved in the INCIDENT violated any statute, ordinance, or regulation and that the violation was a cause of the INCIDENT, identify each PERSON and the statute, ordinance, or regulation.

RESPONSE TO FORM INTERROGATORY NO. 114.1:

Ronald Gertsch, Adam Dustin and Ambulatory Care Surgery Center.

Dated: March 3, 2009

Hyde & Swigart

By: _____

Joshua B. Swigart, Esq.
Attorneys for Defendant

1 *Re: Ambulatory Care Surgery Center v. Erica Welker*
2 *Superior Court of California, County of San Diego*
3 Case No. 37-2008-00093454-CL-CL-CTL

PROOF OF SERVICE

4 I, Aaron Owens, declare as follows:

5 I am over the age of eighteen years and not a party to the case. I am employed in the County of
6 San Diego, California where the mailing occurs: My business address is 411 Camino Del Rio
South, Suite 301 San Diego, CA 92108-3551. I am readily familiar with our business' practice of
collecting, processing and mailing of correspondence and pleadings for mail with the United
Postal Service.

7 On March 5, 2009, I served the foregoing document(s) described as


8 **DEFENDANT ERICA WELKER'S RESPONSES TO PLAINTIFF AMBULATORY**
9 **CARE SURGERY CENTER'S FORM INTERROGATORIES, SET ONE,**

10 On the interested parties in this action by placing a true copy thereof enclosed in a sealed
envelope addressed as follows:

11 Daniel J. Horwitz
12 LAW OFFICES OF DANIEL J.
13 HORWITZ, APC
110 West C Street, Suite 913
San Diego, CA 92101

- 14 ☒ BY MAIL, by placing a copy thereof in a separate envelope for each addressee
15 named above, addressed to each addressee respectively, and then sealed each
16 envelope and, with the postage thereon fully prepaid, deposited each in the United
States mail at San Diego, California in accordance with our business' practice.
- 17 ☐ BY PERSONAL SERVICE, by placing a copy thereof in a separate envelope for
18 each addressee named above, addressed to each such addressee respectively, and
caused such envelope to be delivered by hand to the offices of addressee.
- 19 ☐ BY FACSIMILE, this document was transmitted by facsimile transmission from
20 (619) 330-4657 and transmission was reported as complete and without error. A
copy of the transmission report is attached to this affidavit.

21 I declare under penalty of perjury under the laws of the State of California that the foregoing is
22 true and correct. Executed on March 5, 2009, at San Diego, California.

23 
24 Aaron Owens

Ambulatory Care Surgery Center

v.

Erica Welker

Court Name: SUPERIOR COURT FOR THE STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

Case No.: 37-2008-00093454-CU-CL-CTL

VERIFICATION

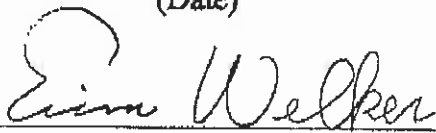
I am the Defendant in the above-captioned matter. I am familiar with the contents of the foregoing:

- **DEFENDANT ERICA WELKER'S RESPONSES TO
PLAINTIFF AMBULATORY CARE SURGERY CENTER'S
FORM INTERROGATORIES, SET ONE**

The information supplied therein is based on my own personal knowledge and/or has been supplied by my attorneys or other agents and is therefore provided as required by law. The information contained in the foregoing document is true, except as to the matters, which were provided by my attorneys or other agents, and as to those matters, I am informed and believe that they are true.

I declare, under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 3-10-09, at CANSBAD, CA.
(Date) (City, State)


Erica Welker

1 *Re: Ambulatory Care Surgery Center v. Erica Welker*
2 *Superior Court of California, County of San Diego*
3 Case No. 37-2008-00093454-CL-CL-CTL

PROOF OF SERVICE

4 I, Aaron Owens, declare as follows:

5 I am over the age of eighteen years and not a party to the case. I am employed in the County of
6 San Diego, California where the mailing occurs: My business address is 411 Camino Del Rio
South, Suite 301 San Diego, CA 92108-3551. I am readily familiar with our business' practice of
collecting, processing and mailing of correspondence and pleadings for mail with the United
Postal Service.

7 On March 12, 2009, I served the foregoing document(s) described as

8 **DEFENDANT ERICA WELKER'S VERIFICATION TO THE FOLLOWING**
9 **DISCOVERY RESPONSES:**

10 **DEFENDANT ERICA WELKER'S RESPONSES TO PLAINTIFF AMBULATORY**
CARE SURGERY CENTER'S FORM INTERROGATORIES, SET ONE,

11 On the interested parties in this action by placing a true copy thereof enclosed in a sealed
12 envelope addressed as follows:

13 Daniel J. Horwitz
14 LAW OFFICES OF DANIEL J.
HORWITZ, APC
15 110 West C Street, Suite 913
San Diego, CA 92101

- 16 ☒ BY MAIL, by placing a copy thereof in a separate envelope for each addressee
17 named above, addressed to each addressee respectively, and then sealed each
envelope and, with the postage thereon fully prepaid, deposited each in the United
States mail at San Diego, California in accordance with our business' practice.
- 18 ☐ BY PERSONAL SERVICE, by placing a copy thereof in a separate envelope for
19 each addressee named above, addressed to each such addressee respectively, and
caused such envelope to be delivered by hand to the offices of addressee.
- 20 ☐ BY FACSIMILE, this document was transmitted by facsimile transmission from
21 (619) 330-4657 and transmission was reported as complete and without error. A
copy of the transmission report is attached to this affidavit.

22 I declare under penalty of perjury under the laws of the State of California that the foregoing is
23 true and correct. Executed on March 12, 2009, at San Diego, California.

24 
25 Aaron Owens

316 [REDACTED] val 12/13/07 2:43p 12/31/07 12:47p 2.4

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

December 12, 2007

TO: [REDACTED]

RE: California Accounts Service,
Assignee of AMBULATORY CARE SURGERY CENTER
Principal amount of claim: \$3,033.15

AMBULATORY CARE SURGERY CENTER has assigned this claim for medical services to CALIFORNIA ACCOUNTS SERVICE, who has in turn retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs and for attorney's fees on your past-due account for services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

EXHIBIT E

308 [REDACTED] Val 12/13/07 2:03p 12/19/07 2:07p 2.4

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

December 12, 2007

TO: [REDACTED]

RE: California Accounts Service,
Assignee of AMBULATORY CARE SURGERY CENTER
Principal amount of claim: \$2,002.83

AMBULATORY CARE SURGERY CENTER has assigned this claim for medical services to CALIFORNIA ACCOUNTS SERVICE, who has in turn retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs on your past-due account for services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

EXHIBIT F

894 [REDACTED] val 4/9/08 8:18a 4/9/08 8:19a 2.2

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

April 9, 2008

TO: [REDACTED]

RE: [REDACTED]

Principal Amount Demanded: \$18,591.33

Your former attorneys, [REDACTED] have retained me to collect your outstanding balance, interest at the contract rate, and reimbursement of any court costs incurred, on your past-due account for legal services rendered.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid.

If you notify this office within 30 days after receiving this notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification.

If within 30 days of your receipt of this notice you request that this office provide you with the name and address of the original creditor, if there is a different creditor from the named creditor above, this information will be provided, or we will confirm that the named creditor above is the original creditor.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.,
Attorney at Law

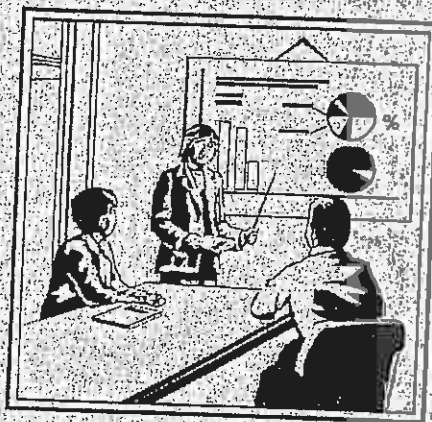
EXHIBIT G

4/16/08

CALIFORNIA ASSOCIATION OF COLLECTORS, INC.

2008 Legal School

The Law Works For You



PRESENTED BY RONALD H. SARGIS
HEFNER, STARK & MAROIS, LLP



2710 Gateway Oaks Drive
Suite 300 South Sacramento,
CA 95833-3505 Tel: (916)
925-6620 Fax: (916) 925-1127
Email: rsargis@hsmllaw.com

EXHIBIT H

325 [REDACTED] val 4/17/08 11:57a 4/17/08 12:01p 2.4

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

April 17, 2008

TO: [REDACTED]

RE: California Accounts Service,
Assignee of CARDIAC ARRHYTHMIA ASSOCIATES
Amount demanded: \$1,305.12

CARDIAC ARRHYTHMIA ASSOCIATES have assigned this claim for medical services to CALIFORNIA ACCOUNTS SERVICE, who has in turn retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs on your past-due account for services rendered.

Unless you notify this office in writing within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days after receiving notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

898 [REDACTED] Val 5/9/08 2:55p 5/9/08 2:57p 2.2

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

May 5, 2008

TO: [REDACTED]

RE: [REDACTED]

Amount Demanded: \$11,181.87

Your former attorneys, [REDACTED] have retained me to collect your outstanding balance, interest at the contract rate, and reimbursement of any court costs incurred, on your past-due account for legal services rendered.

Unless you notify this office in writing within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days after receiving notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.,
Attorney at Law

EXHIBIT J

291 Validation language

4/27/08 11:22a 5/12/08 11:22a

This advice pertains to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

327 [REDACTED] val 5/14/08 2:08p 5/19/08 1:43p 2.4

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

May 16, 2008

TO: [REDACTED]

RE: California Accounts Service,
Assignee of PAUL W. TAYLOR DMD
Amount demanded: \$1,485.20

PAUL W. TAYLOR DMD has assigned this claim for dental services to CALIFORNIA ACCOUNTS SERVICE, who has in turn retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs on your past-due account for services rendered.

Unless you notify this office in writing within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days after receiving notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This advice pertains to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

EXHIBIT L

901 [REDACTED] val 5/19/08 1:45p 10/23/08 2:18p 2.2

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

May 19, 2008

TO: [REDACTED]

RE: [REDACTED]

Amount Demanded: \$24,919.38

Your former attorneys, [REDACTED] have retained me to collect your outstanding balance, interest at the contract rate, and reimbursement of any court costs incurred, on your past-due account for legal services rendered.

Unless you notify this office in writing within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days after receiving notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This advice pertains to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.,
Attorney at Law

EXHIBIT M

353 [REDACTED] val 9/9/08 10:47a 9/10/08 9:16a 2.5

LAW OFFICE OF DANIEL J. HORWITZ
110 West C Street, Suite 913
San Diego, California 92101
Tel. (619) 236-1149
Fax: (619) 236-0793

VALIDATION NOTICE

September 9, 2008

TO: [REDACTED]

RE: California Accounts Service,
Assignee of COASTAL ORTHOPAEDICS & SPORTS MEDICAL GROUP, INC.
Amount demanded: \$2,862.00

COASTAL ORTHOPAEDICS & SPORTS MEDICAL GROUP, INC. has assigned this claim for medical services to CALIFORNIA ACCOUNTS SERVICE, who has in turn retained me to collect your outstanding balance, interest at the legal rate, and reimbursement of court costs on your past-due account for services rendered.

Unless you notify this office in writing within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days after receiving notice that this debt, or any portion thereof, is disputed, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This advice pertains to your relationship with me as a debt collector. It does not affect your dealings with the court, and in particular it does not change the time at which you must answer the complaint. The summons is a command from the court, not from me, and you must follow its instructions even if you dispute the validity or amount of the debt. The advice in this letter also does not affect my relations with the court. As a lawyer, I may file papers in the suit according to the court's rules and the judge's instructions.

This office is acting as a debt collector. Any information obtained will be used for that purpose.

Daniel J. Horwitz, Esq.
Attorney at Law

EXHIBIT N